



Docket No. 740116-335

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Joachim JACKE) Examiner: Mayo III
Serial No. 09/924,871) Group Art Unit: 2831
Filed: August 9, 2001) Confirmation No. 3692
For: CABLE TERMINAL OR JOINING MEANS)

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Kathleen M. McManus
Name: Kathleen M. McManus

AMENDMENT

Commissioner for Patents
Washington, D.C. 20231

Sir:

The following is presented in response to the Office Action mailed November 8, 2002, in connection with the above-identified patent application.

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| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/924,871 | |
| | Filing Date | August 9, 2001 | |
| | First Named Inventor | Joachim JACKE | |
| | Group Art Unit | 2831 | |
| | Examiner Name | W. H. Mayo III | |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | 740116-335 |

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input checked="" type="checkbox"/> Submission of Substitute Drawings and Figs. 3 and 4 <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> |
| Remarks | | <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | David S. Safran, Reg. No. 27,997 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22012 |
| Signature | |
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